## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

393780

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response .....16.00

| SEC US  | E ONLY |
|---------|--------|
| Prefix  | Serial |
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| DATE RE | CEIVED |
| 1       | 1      |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |
|--|--|
| Symphony Alpha Extension Fund, L.P.: Offering of Limited Partnership Interests  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment   | ULOE   |
| A. BASIC IDENTIFICATION DATA   |  |
| Enter the information requested about the issuer   | 07047563   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |  |
| Symphony Alpha Extension Fund, L.P.  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (including Area Code)   |
| 555 California Street, Suite 2975, San Francisco, California 94104   | (415) 676-4000   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as executive offices.   | Telephone Number (Including Area Code)   |
| Brief Description of Business  |  |
| Securities investment  | RECEIVED   |
| Type of Business Organization  corporation  business trust  limited partnership, already formed  other (1)   | please specify): P(AH = 2007   |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States CN for Canada; FN for other foreign jurisdiction)   | mated 199  |
| GENERAL INSTRUCTIONS   |  |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).   | r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.   |  |
| Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20  | 9549.  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.   | y signed. Any copies not manually signed must be   |
| Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously supplied with the SEC.  | ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need |
| Filing Fee: There is no federal filing fee.  |  |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed. | Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall    |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

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filing of a federal notice.

|   | BASIC IDI                               | ENTIFICATION DATA             | · ·-                                   |   |
|---|---|-------------------------------|--|---|
| 2. Enter the information requested for the fo                 | llowing:                                |                               |  |   |
| • Each promoter of the issuer, if the issu                    | ier has been organized wi               | thin the past five years,     |  |   |
| • Each beneficial owner having the power                      | to vote or dispose, or direc            | t the vote or disposition of, | , 10% or more of a                     | class of equity securities of the issuer; |
| <ul> <li>Each executive officer and director of of</li> </ul> | corporate issuers and of co             | orporate general and manage   | ging partners of pa                    | rtnership issuers; and                    |
| <ul> <li>Each general and managing partner of</li> </ul>      | partnership issuers.                    |                               |  |   |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or<br>Managing Partner        |
| Full Name (Last name first, if individual)                    |   |                               |  |   |
| Symphony Asset Management LLC                                 |   |                               |  |   |
| Business or Residence Address (Number and S                   | Street, City, State, Zip Cod            | le)                           |  |   |
| 555 California Street, Suite 2975, San                        | Francisco, California                   | 94104                         |  |   |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or Managing Partner           |
| Full Name (Last name first, if individual)                    | <u> </u>                                |                               |  | <del></del>                               |
| Skelton, Jeffrey L.   |   |                               |  | ·   |
| Business or Residence Address (Number and S                   |   |                               |  |   |
| 555 California Street, Suite 2975, San                        | Francisco, California                   |                               |  |   |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or Managing Partner           |
| Full Name (Last name first, if individual)                    |   |                               |  |   |
| Gottipalli, Praveen   |   |                               |  |   |
| Business or Residence Address (Number and S                   | Street, City, State, Zip Cod            | le)                           |  |   |
| 555 California Street, Suite 2975, San                        | Francisco, California                   | 94104                         |  |   |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or Managing Partner           |
| Full Name (Last name first, if individual)                    |   |                               |  |   |
| Rudolph, Neil L.  | <u>.</u>                                |                               |  |   |
| Business or Residence Address (Number and                     | - · · · · · · · · · · · · · · · · · · · |                               |  |   |
| 555 California Street, Suite 2975, San                        |   |                               |  | <b>—</b>                                  |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or Managing Partner           |
| Full Name (Last name first, if individual)                    |   |                               |  | · · · · · · · · · · · · · · · · · · ·     |
| Henman, Michael J.  |   |                               |  |   |
| Business or Residence Address (Number and                     |   |                               |  |   |
| 555 California Street, Suite 2975, San                        |   |                               |  | C11                                       |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or Managing Partner           |
| Full Name (Last name first, if individual)                    |   |                               |  |   |
| The John Nuveen Company                                       |   | <u></u>                       | ·                                      |   |
| Business or Residence Address (Number and                     |   | le)                           |  |   |
| 333 West Wacker Drive, Chicago, Illi                          | <del></del>                             |                               | —————————————————————————————————————— |   |
| Check Box(es) that Apply: Promoter                            | Beneficial Owner                        | Executive Officer             | Director                               | General and/or Managing Partner           |
| Full Name (Last name first, if individual)                    |   |                               |  |   |
| Nuveen Investments Holdings, Inc.                             |   |                               |  |   |
| Business or Residence Address (Number and                     | Street, City, State, Zip Coo            | ie)                           |  |   |
| 333 West Wacker Drive, Chicago, Illi                          |   |                               |  |   |
| (Use bl   | ank sheet, or copy and use              | additional copies of this she | eet, as necessary)                     |   |

| ATTACHMENT TO FORM D  A. BASIC IDENTIFICATION DATA                       |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Check Box(es) that Apply:  |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)                               |  |  |  |  |  |  |  |  |
| Stein, Gunther   |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) |  |  |  |  |  |  |  |  |
| 555 California Street, Suite 2975, San Francisco, California 94104       |  |  |  |  |  |  |  |  |

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|   |   |  |   | В.  | INFORMA                                      | TION ABO                                   | OUT OFFER  | RING                                       |                              |   |                              |                               |
|---|---|--|---|---|--|--|--|--|------------------------------|---|------------------------------|-------------------------------|
| 1 11  |   |  | 4h - '  | م مد الاستونا                               |  | na ana dita                                | 4 inventors  | in this aff                                | anin a D                     |   | Yes                          | No                            |
| 1. Has the  | issuer soi  | ia, or aces  |   |   |  |  | d investors<br>n 2, if filin   |  |                              |   | 📙                            | X                             |
| 2 What is   | the minin   | num inves  |   |   |  |  | vidual?  |  |                              |   | <b>\$</b> 500                | .000,00*                      |
|   |   |  |   |   |  |  | um investm   |  | **********                   |   | Yes                          | No                            |
| 3. Does the offering permit joint ownership of a single unit? |   |  |   |   |  |  |  |  |                              |   |                              |                               |
| if a person or states a broker                                | sion or sim<br>on to be lis<br>, list the na<br>or dealer | tilar remun<br>sted is an a<br>ame of the<br>, you may | eration for<br>ssociated p<br>broker or d<br>set forth th | solicitatior<br>erson or ag<br>ealer. It me | n of purcha<br>gent of a bro<br>ore than fiv | sers in com<br>oker or dea<br>re (5) perso | l be paid or<br>nection with<br>the register<br>ons to be list<br>or dealer on | h sales of s<br>ed with the<br>ed are asso | ecurities ir<br>SEC and/     | the offeri<br>or with a s               | ng.<br>tate                  |                               |
| Full Name   | (Last nam   | e first, if in   | dividual)   |   |  |  |  |  |                              |   |                              |                               |
| Business o  | r Residenc  | e Address  | (Number a   | nd Street, (                                | City, State,                                 | Zip Code)                                  |  |  |                              |   |                              |                               |
| Name of A   | ssociated   | Broker or  | Dealer  |   |  |  |  |  |                              |   |                              |                               |
| States in W   | hich Pers   | on Listed  | las Solicite  | ed or Inten                                 | ds to Solic                                  | it Purchase                                | ers  |  |                              |   |                              |                               |
| (Chec   | k "All Stat   | es" or chec  | k individua   | ıl States)                                  | ***********                                  |  |  |  |                              | *************************************** | /                            | All States                    |
| [AL]<br>[ IL ]<br>[MT]<br>[ RI ]                              | [AK]<br>[ IN ]<br>[NE ]<br>[SC ]                          | [AZ]<br>[ IA]<br>[NV]<br>[ SD]                         | [AR]<br>[KS]<br>[NH]<br>[ TN]                             | [CA]<br>[KY]<br>[NJ]<br>[TX]                | [CO]<br>[LA]<br>[NM]<br>[UT]                 | [CT]<br>[ME]<br>[NY]<br>[VT]               | [DE]<br>[MD]<br>[NC]<br>[VA]   | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]            | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[ PR] |
| Business o  | r Residenc  | ce Address   | (Number a   | and Street,                                 | City, State                                  | , Zip Code                                 | )  |  |                              |   |                              |                               |
| States in V   | hich Pers   | on Listed  | Has Solicit   | ed or Inten                                 | ds to Solic                                  | it Purchase                                | ers  |  |                              |   |                              |                               |
| *   |   |  | k individua   |   |  |  |  |  |                              |   | 🗇 /                          | All States                    |
|   | [AK]<br>[ IN ]<br>[NE ]<br>[SC ]                          | [AZ]<br>[ IA]<br>[NV]<br>[ SD]                         | [AR]<br>[KS]<br>[NH]<br>[ TN]                             | [CA]<br>[KY]<br>[NJ]<br>[TX]                | [CO]<br>[LA]<br>[NM]<br>[UT]                 | [CT]<br>[ME]<br>[NY]<br>[VT]               | [DE]<br>[MD]<br>[NC]<br>[VA]   | [DC]<br>[MA]<br>[ND]<br>[WA]               |                              |   | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[ PR] |
| Full Name   | (Last nam   | e first, if in   | dividual)   |   |  |  |  |  | ,                            |   |                              |                               |
| Business o  | r Residen   | ce Address   | (Number a   | ind Street,                                 | City, State                                  | , Zip Code                                 | )  |  | <u></u>                      |   |                              |                               |
| Name of A   | ssociated   | Broker or  | Dealer  |   |  |  | -  |  |                              |   | -                            |                               |
| States in V   | Vhich Pers  | on Listed  | Has Solicit   | ed or Inter                                 | ds to Solic                                  | it Purchase                                | ers  |  |                              |   |                              |                               |
| (Chec   | k "All Stat   | tes" or chec   | k individua   | al States)                                  | ***************************************      |  |  |  |                              |   |                              | All States                    |
| [AL]<br>{ IL }<br>[MT]<br>[ RI ]                              | [AK]<br>[ IN ]<br>[NE ]<br>[SC ]                          | [AZ]<br>[ IA]<br>[NV]<br>[ SD]                         | [AR]<br>[KS]<br>[NH]<br>[TN]                              | [CA]<br>[KY]<br>[NJ]<br>[TX]                | [CO]<br>[LA]<br>[NM]<br>[UT]                 | [CT]<br>[ME]<br>[NY]<br>[VT]               | [DE]<br>[MD]<br>[NC]<br>[VA]   | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI]            | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[ PR] |

## OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                                      |
|---|-----------------------------|--------------------------------------|
| Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold               |
| Debt  | 5 0.00                      | \$ 0.00                              |
| Equity.   | 0.00                        | \$_0.00                              |
| Common Preferred  |                             |                                      |
| Convertible Securities (including warrants)   | 0.00                        | S 0.00                               |
| Partnership Interests.  | 500,000,000.00              | \$ 0.00                              |
| Other (Specify)   | S N/A                       | \$ N/A                               |
| Total   |                             | \$ 0.00                              |
| Answer also in Appendix, Column 3. if filing under ULOE.  |                             |                                      |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero."           |                             |                                      |
|   | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
| Accredited Investors  | 0                           | S_0.00                               |
| Non-accredited Investors.   | 0                           | \$_0.00                              |
| Total (for filings under Rule 504 only)   | N/A                         | SNA                                  |
| Answer also in Appendix, Column 4, if filing under ULOE.  |                             |                                      |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.   |                             |                                      |
|   | Type of                     | Dollar Amount                        |
| Type of Offering  | Security                    | Sold                                 |
| Rule 303  | N/A                         | S N/A                                |
| Regulation A  | N/A                         | S N/A                                |
| Rule 504  | N/A                         | S N/A                                |
|   | N/A                         | \$ N/A                               |
| 4 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                      |
| Transfer Agent's Fees   | <b>X</b>                    | \$ <u>0.00</u>                       |
| Printing and Engraving Costs  |                             | <u>\$_0.00</u>                       |
| Legal Fees  | <b>X</b>                    | S 35,000.00                          |
| Accounting Fees   | <b>X</b>                    | Ş <u>0.00</u>                        |
| Engineering Fees  | <b>X</b>                    | \$ 0.00                              |
| Sales Commissions (specify finders' fees separately)  | <b>X</b>                    | § 0.00                               |
| Other Expenses (identify) Misc. Operating Expenses  | <b>X</b>                    | S_5,000.00                           |
| Total   | <del>X</del>                | \$_40,000.00                         |

| Į           |   | E. STATE SIGNATURE   |
|-------------|---|--|
| 1.          |   | presently subject to any of the disqualification Yes No  |
|             | Se  | ee Appendix, Column 5, for state response.   |
| 2.          | The undersigned issuer hereby undertakes to D (I 7 CFR 239,500) at such times as requir | furnish to any state administrator of any state in which this notice is filed a notice on Form ed by state law.  |
| 3.          | The undersigned issuer hereby undertakes issuer to offerees.                            | to furnish to the state administrators, upon written request, information furnished by the   |
| 4.          | limited Offering Exemption (ULOE) of the  | issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform state in which this notice is filed and understands that the issuer claiming the availability shing that these conditions have been satisfied. |
|             | er has read this notification and knows the conhorized person.                          | atents to be true and has duly caused this notice to be signed on its behalf by the undersigned  |
| ,           | Print or Type) nony Alpha Extension Fund, L.P.  | Signature Date Many Choose   |
| <del></del> | Print or Type)  | Title (Print or Type)  |
| Neil L      | . Rudolph   | Chief Financial Officer of Symphony Asset Management LLC, the General Partner of the Issuer  |

## Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |  |  | AF                                   | PENDIX   | <b>2</b>                                 |          |          |    |
|-------|--------------------------------|--|--|--------------------------------------|--|--|----------|----------|----|
| 1     | Intend<br>to non-a<br>investor | 2 I to sell eccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State  (Part C-Item 2) |  |          |          |    |
| State | Yes                            | No   | Limited<br>Partnership<br>Interests  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount   | Yes      | No |
| ΛL    |                                |  |  |                                      |  |  |          |          |    |
| ΑK    |                                |  |  |                                      |  |  |          |          |    |
| ΑZ    |                                |  |  |                                      |  |  |          |          |    |
| AR    |                                |  |  |                                      |  |  |          |          |    |
| СЛ    |                                | X  | \$500,000,000.00   | 0                                    | \$0.00   |  |          |          | X  |
| со    |                                |  |  |                                      |  |  |          |          |    |
| ст    |                                |  |  |                                      |  |  |          |          |    |
| DE    |                                |  |  |                                      |  |  |          |          |    |
| DC    |                                |  |  |                                      |  |  | II.      |          |    |
| FL    |                                |  |  |                                      |  |  |          |          |    |
| GΛ    |                                |  |  |                                      |  |  |          |          |    |
| HI    |                                |  |  |                                      |  |  |          |          |    |
| ID    |                                |  |  |                                      |  |  |          |          |    |
| IL    |                                |  |  |                                      |  |  |          |          |    |
| IN    |                                |  |  |                                      |  |  |          |          |    |
| IA    |                                |  |  |                                      |  |  |          |          |    |
| KS    |                                |  |  |                                      |  |  | <u> </u> |          |    |
| KY    |                                |  |  |                                      |  |  |          |          |    |
| LA    |                                |  |  |                                      |  |  |          |          |    |
| ME    |                                |  |  |                                      |  |  |          |          |    |
| мD    | <del></del>                    |  |  |                                      |  |  |          | <u> </u> |    |
| МА    |                                |  |  |                                      |  |  |          |          |    |
| MI    |                                |  |  |                                      |  |  |          |          | ·  |
| MN    |                                |  |  |                                      |  |  |          |          |    |
| MS    |                                |  |  |                                      |  |  |          |          |    |

|       |                      |   |  | APP                                  | ENDIX  |  |  |  |   |
|-------|----------------------|---|--|--------------------------------------|--|--|--|--|---|
| 1     | Intendation to non-a | 2 d to sell accredited as in State -ltem 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |  |  |   |
| State | Yes                  | No  | Limited<br>Partnership<br>Interests  | Number of<br>Accredited<br>Investors | Accredited Non-Accredited                                      |  |  |  |   |
| мо    |                      |   |  |                                      |  |  |  |  |   |
| MT    | ,                    | <u> </u>                                    |  | _                                    |  |  |  |  |   |
| NE    |                      |   |  |                                      |  |  |  |  |   |
| NV    |                      |   |  |                                      |  |  |  |  |   |
| NH    |                      |   |  |                                      |  |  |  |  |   |
| ŊJ    |                      |   |  |                                      |  |  |  |  |   |
| NM    |                      |   |  |                                      |  |  |  |  |   |
| NY    |                      | X   | \$500,000,000.00   | 0                                    | <b>\$</b> 0.00   |  |  |  | X |
| NC    |                      |   |  |                                      |  |  |  |  |   |
| ND    |                      |   |  |                                      |  |  |  |  |   |
| ОН    |                      |   |  |                                      |  |  |  |  |   |
| ок    |                      |   |  |                                      |  |  |  |  |   |
| OR    |                      |   |  |                                      | <u> </u>   |  |  |  |   |
| PA    |                      |   |  |                                      |  |  |  |  |   |
| RI    |                      |   |  |                                      |  |  |  |  |   |
| SC    |                      |   |  |                                      |  |  | <u>.                                    </u> |  |   |
| SD    |                      |   |  |                                      |  |  |  |  |   |
| TN    |                      | ·   |  |                                      |  |  |  |  |   |
| TX    |                      |   |  |                                      |  |  |  |  |   |
| UT    |                      |   |  |                                      |  |  |  |  |   |
| ٧T    |                      |   |  |                                      |  |  |  |  |   |
| VA    |                      |   |  |                                      |  |  |  |  |   |
| WA    |                      |   |  |                                      |  |  | -  |  |   |
| WV    |                      |   |  |                                      |  |  |  |  |   |
| wı    |                      |   |  |                                      |  |  |  |  |   |

|          |                                |                                  | ***  | APPE   | ENDIX  | ·  |        |     |  |  |
|----------|--------------------------------|----------------------------------|--|--|--------|--|--------|-----|--|--|
| l        | Intend<br>to non-a<br>investor | 2 to sell accredited as in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4  Type of investor and amount purchased in State  (Part C-Item 2) |        |  |        |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State    | Yes                            | No                               | Limited<br>Partnership<br>Interests  | Number of<br>Accredited<br>Investors                               | Amount | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No   |  |
| WY<br>PR |                                |                                  |  |  |        |  |        |     |  |  |

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